

PRINTED: 06/20/2011
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD120089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2011
NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS		STREET ADDRESS, CITY, STATE, ZIP CODE 3043 BLADENSBURG ROAD, NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
1000	INITIAL COMMENTS A licensure survey was conducted May 25, 2011 through May 26, 2011. A random sample of three residents was selected from a resident population of six men. The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff, as well as a review of resident and administrative records, including incident reports.	1000	<i>Received 6/30/11</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the interior and exterior of the facility were maintained in a safe and sanitary manner. The findings include: On May 26, 2011 at approximately 9:00 a.m., during the observation of four residents (Residents #1, #3, #4, and #6) leaving the facility, the back door was observed to be without a storm door, and flies were observed inside the home. In addition there was debris observed under the group home's back porch, i.e. soda bottle, mop handle, and an accumulation of leaves under the back steps.	1090	1090 Innovative Life Solutions will continue to ensure the interior and exterior of the facility are maintained in a safe and sanitary manner. On Friday, June 24, 2011 a screen door was installed on the back door. On June 28, 2011 the ILS contracted maintenance supervisor was notified of the debris under the porch. The maintenance supervisor agreed to remove the debris from under the porch and place a lattice under the porch area to prevent recurrence. 6/28/11

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LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

S75411

If continuation sheet 1 of 5

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I 422	Continued From page 1	I 422			
I 422	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that residents received training, habilitation and assistance as prescribed in their Individual Support Plan, for one of the three residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Resident #2 was observed in his home on May 25, 2011. At approximately 3:10 p.m. the resident was observed to be overweight. Review of the resident's record revealed Resident #2 had a Nutritional Evaluation, February 23, 2011, that contained the following recommendations:</p> <ul style="list-style-type: none"> a. Can benefit from a gradual decline in weight; b. Calories need to be decreased to 1800 Kcal and exercise needs to be part of his daily regimen; and c. 1800 kcal, No Concentrated Sweets, NAS, Low Sodium Products <p>A review of the resident's Individual Program Plan (IPP) on May 25, 2011 revealed Resident #2 had program objectives for shopping, transportation to the day program and selecting books from the public library. At the time of the survey, there was no documented evidence of a program objective to address a daily exercise regimen as recommended. On May 26, 2011, at 3:23 p.m., an interview with the direct care staff revealed</p>	I 422 I 422	<p>I422</p> <p>Innovative Life Solutions will continue to ensure that residents receive training, habilitation and assistance as prescribed in their Individual Support Plan. An exercise program objective has been developed to address a daily exercise regimen as recommended. This program will be implemented twice weekly and will be documented by the Direct Support Professional.</p>	6/30/11	

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I 422	Continued From page 2 that the resident did not have an exercise program.	I 422			
I 477	3522.6(c) MEDICATIONS The record for a resident's prescribed controlled substances shall include the following: (c) Name and telephone number of prescriber; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain controlled drugs records that included the name and telephone number of the prescriber. The finding includes: An interview was conducted with the Group Home's Qualified Intellectual Disabilities Professional (QIDP) during the entrance conference on May 25, 2011 at approximately 9:24 a.m.. According to the QIDP, Resident #3 was prescribed psychotropic medications. Review of the resident's medical record revealed a physician's order dated May 1, 2011, for Lorazepam 2 mg three (3) times a day. Review of the facility's Medication Administration Record (MAR) revealed Controlled Substance Records (CSR) for the resident's Lorazepam. A review of the CSR's for January 2011 through March 2011 revealed Lorazepam 2 mg was administered 8:00 a.m., 12:00 and 6:00 p.m. Further review of the CSR's revealed no documented evidence of the name and telephone number of the prescriber. Interview with the Registered Nurse (RN) on May 26, 2011 at approximately 11:50 a.m., revealed Resident #3's psychiatrist prescribed the	I 477	I477 Innovative Life Solutions will continue to maintain controlled drug records that include the name and telephone number of the prescriber. Beginning July 1, 2011 Innovative Life Solutions will utilize an updated Controlled Substance Record that will clearly identify the name of the prescriber and the telephone number of the prescriber. This documentation will replace the previous documentation that was being used to prevent recurrent error.		7/1/11

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I 477	Continued From page 3 Lorazepam, however, at the time of the survey, there was no documented evidence of the name and telephone number of the prescriber.	I 477			
I 478	3522.6(d) MEDICATIONS The record for a resident's prescribed controlled substances shall include the following: (d) Date dispensed, amount and expiration date; and... This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain controlled drug records that included the expiration date for one of the three residents included in the sample (Resident #3) The finding includes: During the entrance conference on May 25, 2011 at approximately 9:24 a.m., an interview was conducted with the group home's Qualified Intellectual Disabilities Professional (QIDP). According to the QIDP, Resident #3 was prescribed psychotropic medications. Review of the resident's medical record revealed a physician's order dated May 1, 2011. Further review of the order revealed Resident #3 was prescribed Lorazepam 2 mg three (3) times a day. Review of the facility's Medication Administration Records (MAR's) revealed Controlled Substance Records (CSR) for the Resident #3's Lorazepam. Further review of the CSR's revealed no documented evidence of an expiration date for the medication. At the time of the survey, there was no	I 478	I478 Innovative Life Solutions will continue to maintain controlled drug records that include the expiration date for all prescribed controlled substances. . Beginning July 1, 2011 Innovative Life Solutions will utilize an updated Controlled Substance Record that will clearly identify the date dispensed, amount and expiration date of the prescribed narcotic. This documentation will replace the previous documentation that was being used to prevent recurrent error.	7/1/11	

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I 478	Continued From page 4 documented evidence of the expiration date for Resident #3's Lorazepam.	I 478		